



Eric Holcomb, Governor
State of Indiana

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Telemedicine services and wellness coordination services Fact sheet

The Bureau of Developmental Disabilities Services is currently operating under Executive Order 20-02 issued by Indiana Governor Eric Holcomb on March 6, 2020, declaring a Public Health Emergency in the state of Indiana due to the outbreak of Coronavirus (COVID-19).

In response to the COVID-19 pandemic and the serious health risk it poses to Indiana's intellectual and developmental disabilities population, The Division of Disability and Rehabilitative Services issued guidance and temporary changes to the delivery of our home and community based services that include the Family Support Waiver and the Community Integration and Habilitation Waiver.

This fact sheet is intended to provide a brief overview and possible examples of the delivery of wellness coordination services through the use of telemedicine as appropriate.

For the most up to date and detailed information on all of the temporary changes and guidance related to COVID-19 visit the DDRS COVID-19 response page which can be found [by clicking here](#).

Wellness coordination services service definition

Wellness coordination services refers to the development, maintenance, and routine monitoring of an individual's wellness coordination plan, risk plans and the medical services required to manage his/her health care needs. Wellness coordination services must be provided by a registered nurse or a licensed practical nurse under IC 25-23-1-1.2 working under the supervision of an RN.

Wellness coordination services extended beyond those services provided through routine doctor/health care visits required under the Medicaid State Plan and are specifically designed for individuals requiring the assistance of an RN/LPN to properly coordinate their medical needs.

Individuals assessed with health scores of five or higher through the inventory for client and agency planning assessment process are eligible for wellness coordination services.

Examples of utilizing telemedicine services for wellness coordination services

Delivery of wellness services through telemedicine must be meaningful and within the scope of the individual's person-centered individualized support plan. Telemedicine services may be utilized for completion of face-to-face consultations based upon the needs of the individual. Working with the



individual, family and guardian, nurses should determine what resources and tools are available virtually and at home to achieve outcomes. Examples may include but are not limited to:

- Virtual consultation on past or future doctor appointments, medication review or changes, and treatment plan and goals which may include a verbal discussion regarding progress toward identified goals, significant life events and coping strategies.
- Education on COVID-19 symptoms and virtual screening for symptoms such as cough, fever, shortness of breath.
- Inquire about any other health concerns\changes in health status such as injury or illness.
- Virtual consultation on potential changes needed to risk plans or wellness plan based on COVID-19.
- Assist in the scheduling, set up and use of telemedicine for necessary doctor appointments.
- Assist in arranging mail delivery of medications via mail delivery and with an extended supply if appropriate.
- Education and training on social distancing and universal precautions.
- Education on preventative measures for infectious disease for individual\family and staff.
- Training and/or re-training on use of PPE.
- Assist in obtaining any necessary and needed medical supplies, including PPE.
- Virtual training and support to staff to ensure implementation of all risk plans.

Providers are encouraged to refer to [IHCP Bulletin BT202022](#) issued on March 19 for additional details on billing and documentation requirements and [IHP Bulletin BT202034](#) issued on April 2 addressing frequently asked questions. In addition, providers should utilize updated guidance from the Office of Civil Rights regarding HIPAA compliant telemedicine options available [by clicking here](#).

Following are key highlights of the guidance from the Office of Medicaid Policy and Planning on the delivery of telemedicine:

- Appropriate consent from the individual must be obtained by the provider prior to delivery of service. Consent may be received verbally or by electronic signature, and should be documented as such.
- Telemedicine services must include documented authorization by the individual and/or their legal representative(s) for any additional individuals to participate in telemedicine services. Authorization may be received verbally or by electronic signature, and should be documented as such.
- The provider and/or individual may be located in their home(s) during the time of the service.
- Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the individual. This includes voice only communication and **does not** include non-voice communication such as emails or text messages.

Additionally:

- Telemedicine services may not be utilized for individuals requiring physical examination, hands-on physical assessment, medical procedures, or in need of acute/urgent medical intervention.
- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the individual should continue while using telemedicine.
- Documentation must be maintained by the provider to substantiate: the services provided, consent was obtained, and services were rendered via telemedicine (including identification of the locations of the provider and individual). Documentation must be available for post-payment review.
- The use of telemedicine services will remain in effect only through the duration of the public health emergency.